

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. **10721215**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DND	DEP	DND	DEP	DND	DEP
1	/					
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
8	/	/				
9	/	/				
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50						
TOTAL IND.	1					
TOTAL DEP.	13					
TOTAL CLAIMS	14					

	DND	DEP	DND	DEP	DND	DEP
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